

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-004428

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

1034

STATE FILE NUMBER

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN

ST. LOUIS

Length of stay in 1b

17 yrs

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

Homer G. Phillips

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

c. CITY

OR TOWN

St. Louis

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)

2536a North Market St

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

SAMUEL

ROBINSON

4. DATE OF DEATH

Month

Day

Year

Jan

20

1962

5. SEX

Male

6. COLOR OR RACE

Col

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

9-5-1913

9. AGE (last birthday)

48

IF UNDER 1 YEAR

IF UNDER 24 HR.

Months

Days

Hours

Min.

4

15

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Machinist

10b. KIND OF BUSINESS OR INDUSTRY

Automobile

11. BIRTHPLACE (City and state or country)

Miss

U S A

12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME

Alexander Robinson

13b. MOTHER'S MAIDEN NAME

Louise ?

14. NAME OF HUSBAND OR WIFE

Angusta Robinson

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Angusta Robinson 4034 Page Blvd

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Post Infectious Myocarditis

INTERVAL BETWEEN ONSET AND DEATH

1-13-62.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

INFLUENZA -

12-15-61.

DUE TO (c)

481x

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ N.☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

12-15-61

to 1-18-62

and last saw him alive on

1-18-62.

Death occurred at

11:48 A.M.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

J.C. Sheard, M.D.

22b. ADDRESS

5010 Page Blvd

22c. DATE SIGNED

1-20-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

1-26-1962

23c. NAME OF CEMETERY OR CREMATORY

Greenwood Cemetery

23d. LOCATION (City, town, or county)

St. Louis

Co.,

Mo

24. FUNERAL DIRECTOR

ADDRESS

JAS H. HANDLE & SON 3133 Bell Ave

25. DATE RECD. BY LOCAL REG.

JAN 23 1962

26. REGISTRAR'S SIGNATURE

Earl Smith, M.D.

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Escher H. Harris

Licensed Embalmer No.

4458

P. O. Address

4181 Washington

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.